

**BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

**In the Matter of the Accusation
Against:**

RICARDO OSCAR DI SARLI, M.D.

Case No. 8002014007134

**Physician's and Surgeon's
Certificate No. A49771**

Respondent

DECISION

**The attached Stipulated Surrender of License and Order is hereby
adopted as the Decision and Order of the Medical Board of California,
Department of Consumer Affairs, State of California.**

This Decision shall become effective at 5:00 p.m. on February 7, 2018

IT IS SO ORDERED January 31, 2018 .

MEDICAL BOARD OF CALIFORNIA

By:


**Kimberly Kirchmeyer
Executive Director**

1 XAVIER BECERRA
Attorney General of California
2 E.A. JONES III
Supervising Deputy Attorney General
3 EDWARD KIM
Deputy Attorney General
4 State Bar No. 195729
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5 300 So. Spring Street, Suite 1702
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7 *Attorneys for Complainant*

8 **BEFORE THE**
MEDICAL BOARD OF CALIFORNIA
9 **DEPARTMENT OF CONSUMER AFFAIRS**
10 **STATE OF CALIFORNIA**

11 In the Matter of the Accusation Against:

Case No. 800-2014-007134

12 **RICARDO OSCAR DI SARLI, M.D.**
13 **1568 North Orange Grove Avenue**
Pomona, CA 91767

OAH No. 2017090319

14 **Physician's and Surgeon's**
15 **Certificate No. A 49771**

STIPULATED SURRENDER OF
LICENSE AND ORDER

16 Respondent.

17 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-
18 entitled proceedings that the following matters are true:

19 **PARTIES**

20 1. Kimberly Kirchmeyer (Complainant) is the Executive Director of the Medical Board
21 of California (Board). She brought this action solely in her official capacity and is represented in
22 this matter by Xavier Becerra, Attorney General of the State of California, by Edward Kim,
23 Deputy Attorney General.

24 2. RICARDO OSCAR DI SARLI, M.D. (Respondent) is represented in this proceeding
25 by attorney Nicholas D. Jurkowitz, Esq., whose address is 1990 S. Bundy Drive, Suite 777, Los
26 Angeles, CA 90025.

27 3. On or about July 30, 1991, the Board issued Physician's and Surgeon's Certificate
28 No. A 49771 to Respondent. The Physician's and Surgeon's Certificate was in full force and

1 effect at all times relevant to the charges brought in Accusation No. 800-2014-007134 and will
2 expire on November 30, 2018, unless renewed.

3 JURISDICTION

4 4. Accusation No. 800-2014-007134 was filed before the (Board), and is currently
5 pending against Respondent. The Accusation and all other statutorily required documents were
6 properly served on Respondent on July 26, 2017. Respondent timely filed his Notice of Defense
7 contesting the Accusation. A copy of Accusation No. 800-2014-007134 is attached as Exhibit A
8 and incorporated by reference.

9 ADVISEMENT AND WAIVERS

10 5. Respondent has carefully read, fully discussed with counsel, and understands the
11 charges and allegations in Accusation No. 800-2014-007134. Respondent also has carefully read,
12 fully discussed with counsel, and understands the effects of this Stipulated Surrender of License
13 and Order.

14 6. Respondent is fully aware of his legal rights in this matter, including the right to a
15 hearing on the charges and allegations in the Accusation; the right to confront and cross-examine
16 the witnesses against him; the right to present evidence and to testify on his own behalf; the right
17 to the issuance of subpoenas to compel the attendance of witnesses and the production of
18 documents; the right to reconsideration and court review of an adverse decision; and all other
19 rights accorded by the California Administrative Procedure Act and other applicable laws.

20 7. Respondent voluntarily, knowingly, and intelligently waives and gives up each and
21 every right set forth above.

22 CULPABILITY

23 8. Respondent admits the truth of each and every charge and allegation in
24 Accusation No. 800-2014-007134, agrees that cause exists for discipline and hereby surrenders
25 his Physician's and Surgeon's Certificate No. A 49771 for the Board's formal acceptance.

26 9. Respondent understands that by signing this stipulation he enables the Board to issue
27 an order accepting the surrender of his Physician's and Surgeon's Certificate without further
28 process.

CONTINGENCY

10. This stipulation shall be subject to approval by the Board. Respondent understands and agrees that counsel for Complainant and the staff of the Board may communicate directly with the Board regarding this stipulation and surrender, without notice to or participation by Respondent or his counsel. By signing the stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation as its Decision and Order, the Stipulated Surrender and Disciplinary Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action between the parties, and the Board shall not be disqualified from further action by having considered this matter.

11. The parties understand and agree that Portable Document Format (PDF) and facsimile copies of this Stipulated Surrender of License and Order, including Portable Document Format (PDF) and facsimile signatures thereto, shall have the same force and effect as the originals.

12. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Order:

ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 49771, issued to Respondent RICARDO OSCAR DI SARLI, M.D., is surrendered and accepted by the Medical Board of California.

1. The surrender of Respondent's Physician's and Surgeon's Certificate and the acceptance of the surrendered license by the Board shall constitute the imposition of discipline against Respondent. This stipulation constitutes a record of the discipline and shall become a part of Respondent's license history with the Medical Board of California.

2. Respondent shall lose all rights and privileges as a Physician and Surgeon in California as of the effective date of the Board's Decision and Order.

3. Respondent shall cause to be delivered to the Board his pocket license and, if one was issued, his wall certificate on or before the effective date of the Decision and Order.

4. If Respondent ever files an application for licensure or a petition for reinstatement in

1 the State of California, the Board shall treat it as a petition for reinstatement. Respondent must
2 comply with all the laws, regulations and procedures for reinstatement of a revoked license in
3 effect at the time the petition is filed, and all of the charges and allegations contained in
4 Accusation No. 800-2014-007134 shall be deemed to be true, correct and admitted by Respondent
5 when the Board determines whether to grant or deny the petition.

6 5. If Respondent should ever apply or reapply for a new license or certification, or
7 petition for reinstatement of a license, by any other health care licensing agency in the State of
8 California, all of the charges and allegations contained in Accusation, No. 800-2014-007134 shall
9 be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of
10 Issues or any other proceeding seeking to deny or restrict licensure.

11 ACCEPTANCE

12 I have carefully read the above Stipulated Surrender of License and Order and have fully
13 discussed it with my attorney, Nicholas D. Jurkowitz, Esq. I understand the stipulation and the
14 effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated
15 Surrender of License and Order voluntarily, knowingly, and intelligently, and agree to be bound
16 by the Decision and Order of the Medical Board of California.

17
18 DATED: 12/5/2017

19 RICARDO OSCAR DI SARLI, M.D.
20 *Respondent*

21 I have read and fully discussed with Respondent RICARDO OSCAR DI SARLI, M.D. the
22 terms and conditions and other matters contained in this Stipulated Surrender of License and
23 Order. I approve its form and content.

24 DATED: 12/7/2017

25 NICHOLAS D. JURKOWITZ, ESQ.
26 *Attorney for Respondent*

27 Henry Fenton

28 ENDORSEMENT

The foregoing Stipulated Surrender of License and Order is hereby respectfully submitted

1 for consideration by the Medical Board of California of the Department of Consumer Affairs.

2 Dated: 12/7/17

Respectfully submitted,

3 XAVIER BECERRA
4 Attorney General of California
5 E.A. JONES III
6 Supervising Deputy Attorney General



7 EDWARD KIM
8 Deputy Attorney General
9 *Attorneys for Complainant*

10 LA2017604996
11 Stipulated Surrender of License & Order.doc

Exhibit A

Accusation No. 800-2014-007134

1 XAVIER BECERRA
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7 *Attorneys for Complainant*

8 **BEFORE THE**
MEDICAL BOARD OF CALIFORNIA
9 **DEPARTMENT OF CONSUMER AFFAIRS**
10 **STATE OF CALIFORNIA**

11 In the Matter of the Accusation Against:

Case No. 800-2014-007134

12 **Ricardo Oscar Di Sarli, M.D.**
13 **1568 North Orange Grove**
Pomona, California 91767

A C C U S A T I O N

14 **Physician's and Surgeon's**
15 **Certificate No. A49771,**

16 Respondent.

17 Complainant alleges:

18 **PARTIES**

19 1. Kimberly Kirchmeyer (Complainant) brings this Accusation solely in her official
20 capacity as the Executive Director of the Medical Board of California, Department of Consumer
21 Affairs (Board).

22 2. On or about July 30, 1991, the Medical Board issued Physician's and Surgeon's
23 Certificate Number A49771 to Ricardo Oscar Di Sarli, M.D. (Respondent). The Physician's and
24 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought
25 herein and will expire on November 30, 2018, unless renewed.

26 **JURISDICTION**

27 3. This Accusation is brought before the Board, under the authority of the following
28 laws. All section references are to the Business and Professions Code unless otherwise indicated.

1 4. Section 2227 of the Code provides that a licensee who is found guilty under the
2 Medical Practice Act may have his or her license revoked, suspended for a period not to exceed
3 one year, placed on probation and required to pay the costs of probation monitoring, or such other
4 action taken in relation to discipline as the Board deems proper.

5 5. Section 2234 of the Business and Professions Code (Code), states:

6 “The board shall take action against any licensee who is charged with unprofessional
7 conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not
8 limited to, the following:

9 “(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the
10 violation of, or conspiring to violate any provision of this chapter.

11 “(b) Gross negligence.

12 “(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or
13 omissions. An initial negligent act or omission followed by a separate and distinct departure from
14 the applicable standard of care shall constitute repeated negligent acts.

15 “(1) An initial negligent diagnosis followed by an act or omission medically appropriate
16 for that negligent diagnosis of the patient shall constitute a single negligent act.

17 “(2) When the standard of care requires a change in the diagnosis, act, or omission that
18 constitutes the negligent act described in paragraph (1), including, but not limited to, a
19 reevaluation of the diagnosis or a change in treatment, and the licensee’s conduct departs from the
20 applicable standard of care, each departure constitutes a separate and distinct breach of the
21 standard of care.

22 “(d) Incompetence.

23 “(e) The commission of any act involving dishonesty or corruption which is substantially
24 related to the qualifications, functions, or duties of a physician and surgeon.

25 “(f) Any action or conduct which would have warranted the denial of a certificate.

26 “(g) The practice of medicine from this state into another state or country without meeting
27 the legal requirements of that state or country for the practice of medicine. Section 2314 shall not
28 apply to this subdivision. This subdivision shall become operative upon the implementation of the

1 proposed registration program described in Section 2052.5.

2 “(h) The repeated failure by a certificate holder, in the absence of good cause, to attend and
3 participate in an interview by the board. This subdivision shall only apply to a certificate holder
4 who is the subject of an investigation by the board.”

5 6. Section 2266 of the Code states: “The failure of a physician and surgeon to maintain
6 adequate and accurate records relating to the provision of services to their patients constitutes
7 unprofessional conduct.”

8 7. Section 822 of the Code, states:

9 “If a licensing agency determines that its licentiate's ability to practice his or her profession
10 safely is impaired because the licentiate is mentally ill, or physically ill affecting competency, the
11 licensing agency may take action by any one of the following methods:

12 “(a) Revoking the licentiate's certificate or license.

13 “(b) Suspending the licentiate's right to practice.

14 “(c) Placing the licentiate on probation.

15 “(d) Taking such other action in relation to the licentiate as the licensing agency in its
16 discretion deems proper.

17 “The licensing agency shall not reinstate a revoked or suspended certificate or license until
18 it has received competent evidence of the absence or control of the condition which caused its
19 action and until it is satisfied that with due regard for the public health and safety the person's
20 right to practice his or her profession may be safely reinstated.”

21 8. Section 2238 of the Code states:

22 “A violation of any federal statute or federal regulation or any of the statutes or regulations
23 of this state regulating dangerous drugs or controlled substances constitutes unprofessional
24 conduct.”

25 9. Section 11170 of the Health and Safety Code states:

26 “No person shall prescribe, administer, or furnish a controlled substance for himself.”

27 **FACTUAL ALLEGATIONS**

28 10. Respondent suffers from a debilitating mental and/or physical ailment which impairs

1 his ability to practice medicine safely, with due regard for the public health, safety and welfare.
2 The Board received a complaint following the death of Respondent's patient, M.W.¹ Thereafter,
3 the Board initiated an investigation into Respondent's care for M.W., and during the
4 investigation, Respondent's illness became apparent. Subsequently, a neurologist and a
5 psychiatrist each evaluated Respondent and each determined that he was unable to practice safely.

6 INTERVIEW

7 11. On or about August 25, 2016, an investigator with the Department of Consumer
8 Affairs' Division of Investigation's Health Quality Investigations Unit (HQIU) and a Department
9 of Consumer Affairs Medical Consultant physician interviewed Respondent in connection with
10 the investigation. At the interview, Respondent was asked questions about his medical training.
11 He had a hard time comprehending and answering the questions. He was asked to name the
12 medical providers working for him in his office. He had trouble recalling the physician names
13 who worked in his office. Even with the help of his own translator, he had difficulty describing
14 the management of common illnesses such as upper respiratory illness, chest pain, abdominal
15 pain and knee pain. Respondent also displayed signs of Parkinson's disease. He appeared
16 fatigued and showed delay in comprehending the questions. He also displayed motor rigidity and
17 had a masked facial expression. Respondent was unable to complete the interview.

18 MEDICAL EVALUATION

19 12. On or about June 27, 2017, Respondent met with A.E., M.D., who is board certified
20 in Psychiatry and Neurology. Based upon his evaluation of Respondent, Dr. A.E. concluded that
21 Respondent is not able to safely practice medicine, nor safely perform any of the following
22 actions: examining patients, rendering accurate diagnoses, and effectively communicating
23 treatment plans.

24 MENTAL EVALUATION

25 13. On or about June 28, 2017, Respondent met with D.S., M.D., who is board certified
26 in Psychiatry and Neurology. Based upon his evaluation of Respondent, Dr. D.S. concluded that

27 _____
28 ¹ The patient's initials are used to protect privacy. The identity of the patient is known to
the Respondent and will be further provided in response to an appropriate Request for Discovery.

1 Respondent is not able to safely practice medicine. Dr. D.S. found that Respondent suffers from
2 dementia and cognitive impairment and that Respondent's continued practice of medicine without
3 any restrictions or conditions poses a present danger or threat to public health, safety or welfare.

4 **FIRST CAUSE FOR DISCIPLINE**

5 **(Unable to Practice Safely Due to Mental/Physical Illness)**

6 14. Respondent is subject to discipline pursuant to Code section 822 in that his ability to
7 practice medicine safely is impaired because he is mentally and/or physically ill in a manner
8 affecting competency. The circumstances of Respondent's illnesses are as follows:

9 15. The allegations in paragraphs 10 through 13, inclusive, above are incorporated herein
10 by reference as if fully set forth.

11 **SECOND CAUSE FOR DISCIPLINE**

12 **(Gross Negligence)**

13 16. Respondent is subject to disciplinary action under Code section 2234, subdivision (b),
14 in that he committed gross negligence. The circumstances are as follows:

15 **Patient M.W.**

16 17. On or about November 30, 2010, M.W., a healthy, non-smoking, college student,
17 presented to Respondent with no reported history of past illnesses or allergies. The patient's
18 questionnaire indicated "nervous" under emotions, "nervous" under nerves, and "back spasms"
19 under muscles and bones. Patient M.W.'s medical history on his chart listed "anxiety." Vital
20 signs of weight, height, blood pressure and temperature were also listed. No physical exam
21 findings were indicated. At his interview, Respondent indicated that he performed a complete
22 physical examination of M.W., including a genital and a prostate examination. Respondent
23 diagnosed M.W. with "Anxiety - Depression, muscle spasm," and he prescribed to M.W., 60
24 tablets of Alprazolam 2 mg twice a day and 30 tablets of Soma to be taken daily. The chart form
25 for the visit also indicated with check marks that the following items under patient education had
26 been discussed: "Advanced Directives, Asthma, Cholesterol, Dental, Diabetes, Diet/Nutrition,
27 Exercise, Family Planning, Hypertension, Injury Prevention, Medications, Obesity, Self Breast
28 Exam [even though the patient was a male], STD's, Substance Use, Testicular Self-Exam,

1 Tobacco Cessation, Tuberculosis and Other." No follow up date is documented.

2 18. On or about December 9, 2010, M.W. returned to Respondent's office with a chief
3 complaint of "anxiety, hard time falling asleep." No other history is documented. The chart form
4 for the visit also indicated with check marks that all of the physical examination items for 14
5 organ systems, including Breast (even though the patient was a male), Genitalia and Rectal, were
6 "WNL" (within normal limits). Respondent diagnosed M.W. with Anxiety and he treated M.W.
7 with prescriptions for Alprazolam 2 mg TID #90. The chart form for the visit also indicated with
8 check marks that all of the items under patient education had been discussed, including Self
9 Breast Exam (even though the patient was a male). There was a note for a return visit in one
10 month.

11 19. On or about January 12, 2011, M.W. returned to Respondent's office with a chief
12 complaint of "insomnia." No other history was documented. A physical examination was not
13 performed at this visit. M.W. was diagnosed with "insomnia" and the patient was prescribed
14 Alprazolam 2 mg qHS #30.

15 20. On or about February 7, 2011, M.W. returned to Respondent's office with a chief
16 complaint of "refills." The history reports that the patient was a shift worker and denies sleep
17 walking and feels well. A physical examination was documented, indicating that the patient is in
18 no acute distress with normal heart and lung exam. The patient was diagnosed with insomnia and
19 the patient was prescribed Alprazolam 2 mg qHS, #30.

20 21. On or about September 9, 2011, M.W. returned to Respondent's office complaining
21 of sleeping problems. While vital signs were documented, no other history or physical
22 examination was documented. The patient was diagnosed with Anxiety and Depression and
23 Respondent prescribed Alprazolam 2 mg bid #60 to the patient.

24 22. On or about October 7, 2011, M.W. returned to Respondent's office complaining of
25 problems sleeping. While vital signs were documented, no other history or physical examination
26 was documented. The patient was diagnosed with Anxiety and Depression and Respondent
27 prescribed Alprazolam 2 mg bid #60 to the patient.

28 23. On or about November 11, 2011, M.W. returned to Respondent's office complaining

1 of a sleep problem. While vital signs were documented, no other history or physical examination
2 was documented. The patient was diagnosed with Anxiety and Depression and Respondent
3 prescribed Alprazolam 2 mg bid #60 to the patient.

4 24. On or about November 12, 2011, M.W. was brought to the emergency room after he
5 was found unresponsive and not breathing by his father. He was admitted to the Verdugo Hills
6 Hospital after being resuscitated by paramedics. He was noted to have a history of heroin abuse
7 and was found to be "brain dead." His date of death was listed as November 17, 2011. The Los
8 Angeles County Coroner's report on M.W. indicated that M.W. died from complications from
9 "anoxic brain damage and systemic shock as a result of drug overdose," and that the hospital
10 toxicology screen indicated the presence of opiates and benzodiazepines.

11 25. On or about November 30, 2010, and thereafter, Respondent failed to adequately
12 obtain the patient's history related to his present illness other than the chief complaint. Moreover,
13 while the patient indicated that he does not use alcohol or tobacco, Respondent failed to illicit any
14 information from the patient regarding his recreational drug use, if any. At subsequent visits,
15 Respondent failed to perform a pertinent review of systems. And, at subsequent visits,
16 Respondent failed to obtain the patient's medical history, and his medical records only included
17 the chief complaint obtained by his clinic staff.

18 26. On or about November 30, 2010, and thereafter, Respondent was grossly negligent
19 when he failed to obtain and/or document an adequate medical history at each visit with M.W.

20 27. Respondent's medical records for M.W.'s initial visit with him indicate that a
21 physical examination was not performed. However, on or about December 9, 2010, M.W.
22 presented to Respondent with a chief complaint of "anxiety, hard time falling asleep," and
23 Respondent's documentation for that visit indicated that he performed a complete physical
24 examination, including a rectal examination of M.W. At subsequent visits with M.W.
25 Respondent did not perform any physical examinations.

26 28. On or about November 30, 2010, and thereafter, Respondent was grossly negligent
27 when he failed to perform and/or document an adequate physical examination at each visit with
28 patient M.W.

29. Respondent documented an assessment (diagnosis) and plan, which indicated medications prescribed at each patient encounter. And, some visits indicated that a follow up visit was recommended. Respondent's documentation of counseling was limited to patient education items being discussed. Moreover, Respondent's documentation indicated all items marked on the form, including breast self-exams and tobacco cessation, neither of which applied to M.W. Further, Respondent failed to refer M.W. to counseling for his anxiety.

30. On or about November 30, 2010, and thereafter, Respondent was grossly negligent when he failed to prepare and/or document an adequate treatment plan for M.W.

31. During his treatment of M.W., Respondent diagnosed the patient with anxiety and depression, and repeatedly prescribed Alprazolam 2 mg tablets over a twelve-month period to M.W., for anxiety and sleep problems. Although Alprazolam, a benzodiazepine can be indicated for the treatment of anxiety and insomnia, it has a high habituation potential and should only be used short-term. Respondent failed to consider and offer M.W. any selective serotonin reuptake inhibitor medications to treat his anxiety and depression in lieu of the benzodiazepine. Respondent also failed to provide a referral to or refer M.W. for behavioral therapy, despite M.W.'s persistent symptoms.

32. On or about November 30, 2010, and thereafter, Respondent was grossly negligent when he failed to discuss alternative treatments and/or refer M.W. for additional treatment, and/or document that he did so.

THIRD CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

33. Respondent is subject to disciplinary action under Code section 2234, subdivision (c), in that Respondent committed repeated negligent acts. The circumstances are as follows:

34. The allegations of the First and Second Causes for Discipline are incorporated herein by reference as if fully set forth.

35. Each of the alleged acts of gross negligence set forth above in the Second Cause for Discipline is also a negligent act.

36. Each of Respondent's failures to illicit from the patient and adequately document

1 M.W.'s responses to the prescribed medications and/or a discussion of alternative medications is
2 a negligent act.

3 37. Respondent's documentation in connection with his alleged "complete" physical
4 examination of M.W. in connection with his patient visit with a complaint of anxiety and sleep
5 difficulty, on or about December 9, 2010, is a negligent act.

6 38. Each act of Respondent's self-prescribing of a controlled substance, and/or
7 documentation of the same, is a negligent act. The circumstances are as follows: On or about
8 each of July 15, 2013, September 6, 2013, June 25, 2014, and March 24, 2015, Respondent
9 prescribed Testosterone Enanthate² to himself. He also prescribed Demerol³ or phentermine⁴ to
10 himself on or about each of the following dates: December 7 2012, December 13, 2012, May 2,
11 2013, June 27, 2013, September 6, 2013, October 9, 2013, and November 27, 2013.

12 **FOURTH CAUSE FOR DISCIPLINE**

13 **(Failure to Maintain Adequate Medical Records)**

14 39. Respondent is subject to disciplinary action under Code section 2266 in that
15 Respondent failed to maintain adequate and accurate records related to the provision of medical
16 services to a patient. The circumstances are as follows:

17 40. The allegations of the First, Second and Third Causes for Discipline, inclusive, are
18 incorporated herein by reference as if fully set forth.

19 **FIFTH CAUSE FOR DISCIPLINE**

20 **(Violation of Drug Statute; Self Prescribing)**

21 41. Respondent is subject to disciplinary action under Code section 2238 and section
22 11170 of the Health and Safety Code in that Respondent prescribed a controlled substance to

23
24 ² Testosterone is a Schedule III controlled substance listed under Health and Safety Code
section 11056, subdivision (f)(30), and a dangerous drug pursuant to Code section 4022.

25 ³ Demerol (meperidine HCl) tablets contain meperidine hydrochloride which is a
controlled substance. Like morphine, meperidine is controlled under Schedule II listed under
26 Health and Safety Code section 11055, subdivision (c)(17), and a dangerous drug pursuant to
Code section 4022. Testosterone Pethidine (meperidine) is a Schedule II controlled substance
27 listed under Health and Safety Code section 11055, subdivision (b)(17), and a dangerous drug
pursuant to Code section 4022.

28 ⁴ Phentermine is a Schedule IV controlled substance listed under Health and Safety Code
section 11057, subdivision (f)(4), and a dangerous drug pursuant to Code section 4022.

1 himself. The circumstances are as follows:

2 42. The allegations of paragraph 38 above are incorporated herein by reference as if fully
3 set forth.

4 **SIXTH CAUSE FOR DISCIPLINE**

5 **(General Unprofessional Conduct)**

6 43. Respondent is subject to disciplinary action under Code section 2234, in that his
7 actions and/or omissions represent unprofessional conduct, generally. The circumstances are as
8 follows:

9 44. The allegations of the First, Second, Third, Fourth and Fifth Causes for Discipline are
10 incorporated herein by reference as if fully set forth.

11 **PRAYER**

12 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,
13 and that following the hearing, the Medical Board of California issue a decision:

14 1. Revoking or suspending Physician's and Surgeon's Certificate Number A49771,
15 issued to Ricardo Oscar Di Sarli, M.D.;

16 2. Revoking, suspending or denying approval of Ricardo Oscar Di Sarli, M.D.'s
17 authority to supervise physician assistants, pursuant to section 3527 of the Code, and ordering
18 him not to supervise advance practice nurses;

19 3. Ordering Ricardo Oscar Di Sarli, M.D., if placed on probation, to pay the Board the
20 costs of probation monitoring; and

21 4. Taking such other and further action as deemed necessary and proper.

22 DATED: July 26, 2017


KIMBERLY KIRCHMEYER
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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